

**New Jersey Department of Health and Senior Services
Division of HIV/AIDS Services**

FRINGE BENEFIT BREAKDOWN

F.I.C.A.	_____	%
Health Insurance	_____	%
Unemployment Insurance	_____	%
Disability Insurance	_____	%
Life Insurance	_____	%
Workman's Compensation	_____	%
Pension/Retirement	_____	%
Other: _____	_____	%
 TOTAL *	_____	%

*This amount must equal the percentage shown on Schedule A, Page 1 of 2.